

A GUIDE FOR CONSUMERS

INFORMATION FOR CONSUMERS AND THEIR FAMILIES

BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES

JULY 2001

PURPOSE

The Bureau of Developmental Disabilities Services helps eligible individuals receive the community support and residential services that are needed to succeed. The Bureau uses a person centered planning approach to help you determine what types of services are necessary, and who will best provide those services. It is also the purpose of the Bureau to assure the quality of services provided.

NON DISCRIMINATION

The Bureau of Developmental Disabilities Services provides services to all individuals who are eligible without regard to race, color, national origin, creed, age, or gender.

WHO IS ELIGIBLE TO RECEIVE SERVICES

Individuals with developmental disabilities may be eligible for services. A developmental disability is defined as:

A mental and/or a physical impairment (other than a sole diagnosis of mental illness) that begins before the age of 22 and is expected to continue indefinitely. An individual must have substantial limitation in at least 3 of the following areas:

- Self care
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

WHAT IS THE PROCESS TO OBTAIN SERVICES

- ❑ A request for services can be made at any of the Bureau's field offices (see page 10). You or your legal guardian must fill out an application packet. Staff will review the application and make a preliminary assessment of eligibility and service needs. Staff may recommend that you apply to other appropriate service providers in the community.
- ❑ Diagnostic evaluations will be completed, as needed, to determine your eligibility and to assess your needs so that appropriate service recommendations can be made. Areas to be evaluated may include medical, psychological, developmental and/or social history; the need for physical, occupational or speech therapy; or other areas based on your needs. These evaluations are done at no cost to you.

- ❑ It is necessary to go through a person centered planning process in order to understand your likes/dislikes and hopes for the future and to develop a support plan that identifies your capabilities and needs. Staff will then present options, from which you (or your guardian) can choose the services or providers that best meet your needs.
- ❑ The provision of services is based on the availability of funding and waiting lists may exist for some services.

CONFIDENTIALITY

It is necessary to collect information about you in order to determine eligibility, to assist in choosing services and follow your progress. All information about you is confidential, including the fact that you have applied for services with the Bureau of Developmental Disabilities Services.

You will be asked to give your consent for your BDDS Service Coordinator to obtain information about you and share information with others taking part in assisting you in meeting your service needs. You have the right to refuse your consent for the Bureau to obtain or share any information. However, if your refusal makes it impossible to determine your eligibility or to continue toward meeting your goals, services can be denied or discontinued.

Information about you will be kept in your file. With some exceptions, you have the right to inspect and copy information in your case file. You also have the right to add your own comments to your case file. All requests to review, copy or add comments to your case file must be presented in writing to your Service Coordinator.

Medical, psychological or other information your Service Coordinator believes may be harmful to you may be withheld from you directly, but may be provided through a physician, psychologist or other representative. Information may also be withheld if the source of the information has indicated that the information is not to be released.

Generally, information about you will be released only to those participating in your program. However, when requested, information about you may be released, as required by law, to:

- ❑ The State or Federal government, for reporting and statistical purposes;
- ❑ A court of law, if the information is subpoenaed or demanded by a court order; or
- ❑ Law enforcement officials, if you are involved in a crime or the investigation of a crime.

YOUR RIGHTS

Individuals have the right to a dignified existence, self-determination, privacy, and the right to be free of physical, verbal, sexual and psychological abuse, neglect or exploitation. Individuals have the right to:

- Be informed of their rights in writing or in a manner that they can understand.
- Exercise their constitutional, statutory, and civil rights, including the right to vote, unless limited by adjudication or finding of mental incompetence in a guardianship or other civil proceeding.
- Advocate for themselves or designate someone else to advocate for them.
- Receive services in a safe, secure, and supportive environment.
- Receive humane care and protection from harm.
- Participate in planning their services, know the effects of receiving and not receiving such services, and be informed of alternative services or habilitation programs, if any.
- Receive services, as authorized in their individualized support plan, that are meaningful and appropriate, in accordance with standards of professional practice, guidelines and budgetary constraints.
- Choose any qualified, approved provider and case manager to deliver their services.
- Evaluate the services they receive.
- Refuse to receive services if they are voluntary adults; however, certain programs require that individuals receive services to remain eligible for that program.
- Petition the committing court for consideration of services if they are being involuntarily committed.
- Not participate in experimental research or treatment without their informed, voluntary written consent. Individuals have the right to withdraw consent at any time.
- Have their records treated confidentially, and give written consent before any information from their records may be released to someone not otherwise authorized by law to receive them.
- Inspect and copy their own records at their own expense, unless denied for good cause.
- Be treated with consideration, dignity and respect, free from mental, verbal, and physical abuse, neglect, maltreatment and exploitation.
- Be free from discrimination in the provision of services on the basis of age, race, color, sex, religious creed, national origin, ancestry, or handicap.
- Practice the religion they choose.
- Contact and consult privately with an attorney of their choice, at their own expense.
- Consult with a doctor of their choice, at their own expense.
- Be free from seclusion, chemical, and physical restraint, unless necessary to prevent danger of abuse or injury to themselves or others.
- File a grievance and have access to an internal appeal process, if they feel a right has been violated, without reprisal, following the written procedure of the provider:

- If the complaint involves a clinical treatment matter or decision, contact the primary therapist or case manager.
- If the complaint involves a matter or decision made by another service provider, contact the provider -- the supervisor, program director, administrator.
- A decision regarding the grievance within no more than 2 weeks.
- Appeal decisions made by a State agency, if they disagree with the decision.
- Exercise their “conditional right,” which can only be restricted under these circumstances:
 - In the circumstances and according to the procedures established by rules of the appropriate division.
 - Because of inconsistency with the design of a treatment or habilitation program if the program design has been approved by the division.
 - On an individual basis, only for good cause as set forth in the individual treatment record and approved by the consumer or the consumer’s legal guardian.
- Under their conditional rights, individuals have the right to
 - Wear their own clothes.
 - Keep and use personal possessions.
 - Keep and be allowed to spend reasonable amounts of their own money.
 - Have access to individual storage space for their private use.
 - Have reasonable means of communication with persons outside their home.
 - Be visited at reasonable times.
 - Converse privately with others.
 - Receive and send mail – unopened.
 - Have access to a reasonable amount of letter writing materials and postage.
 - Place and receive telephone calls at their own expense.
 - Be free from a requirement to work for the service provider with or without pay, except for commonly required personal housekeeping.
 - An accounting of how the payee is spending their money (if they have a payee for their Social Security check). The payee is required by law to spend the check for their needs.

YOUR RESPONSIBILITIES

- ❑ To participate in planning your services.
- ❑ To choose your providers for your services.
- ❑ To work on achieving your goals.
- ❑ To cooperate with your housemates.
- ❑ To keep appointments.
- ❑ To inform your Service Coordinator about any changes that are pertinent to your participation in your program, such as changes in benefits or how you feel about your plan.

INFORMED CHOICE

THE ABILITY TO MAKE A VOLUNTARY DECISION BASED UPON OPTIONS PRESENTED TO YOU.

Informed choice means that you and your guardian make a voluntary decision after becoming aware of your options about services and service providers. You will receive a list of qualified service providers from which you can choose. Many times a Case Manager or the BDDS Service Coordinator will assist you in exploring your options. Informed choice allows you to receive services that best meet your needs.

HOW DO YOU SELECT GOOD SERVICE PROVIDERS

Having the best service providers that you can is important. It is helpful to think about issues that are important to you and your family. Think about the things that make you happy or cause you pain and ask the provider how they will help you in being happy and not feeling pain. Think about what you want to do during the day and ask how the provider will assist you in achieving your goal. Do you have medical needs that need attention? Ask the provider how they will address your needs. The more information that you can provide about yourself and your needs will help the provider know how they can best meet your needs.

RESOURCES

The Resources Attachment at the back of the Individualized Support Plan provides a list of sources of funds that may be available or are already being used by the consumer to support the consumer's needs and wants. The support plan facilitator may complete this part after reviewing and discussing with the PCP team.

CHOICE

CHOICE funds can provide supportive services in community settings for individuals who meet the eligibility requirements. CHOICE is used as the funding of last resort because it is 100% State dollars. Individuals must meet specific needs and financial requirements. Persons receiving services through CHOICE may be expected to pay for a portion of the service cost, depending on ability to pay and based on a sliding scale.

Contact: Area Agencies on Aging.

MEDICAID HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVERS

The Medicaid HCBS Waivers fund supportive services to individuals in their own homes or in community settings. The Medicaid waivers fund services to individuals who are at risk of institutionalization, meet the level of care specific to a waiver, and meet the

financial limits established by Medicaid. (For children under 18 years old, parental income is disregarded.) There are a limited number slots for each waiver, so a consumer will not receive services until there is a slot available for that individual.

An individual can be on the waiting list for any or all of the waivers; however, the person can receive services from only one waiver. In addition, an individual cannot be on a Medicaid waiver and a Medicaid managed care program (such as Hoosier Healthwise) at the same time. The person can still receive regular Medicaid services while on one of the waivers, but the Medicaid services cannot be through any of the managed care programs.

Contact: Area Agencies on Aging or the Bureau of Developmental Disabilities Services District Offices

MEDICAID

Medicaid is a medical insurance program, which funds medical services and equipment to eligible individuals. An individual must meet specific income and resources guidelines, based on the size of the family.

Some individuals may be eligible to receive services through one of Medicaid's managed care programs, such as Hoosier Healthwise. An individual cannot be on a Medicaid managed care program and also receive waiver services; however, an individual receiving waiver services can receive regular Medicaid services.

Contact: County Office of Division of Family and Children (DFC).

MEDICARE

Medicare is the nation's largest health insurance program and funds health care benefits for individuals who meet the eligibility criteria. Individuals must be at least 65 years old, or disabled, or have permanent kidney failure. Medicare has two parts – Part A is hospital insurance, Part B is medical insurance.

Contact: Local Social Security Administration office.

SUPPLEMENTAL SECURITY INCOME (SSI)

Supplemental Security Income (SSI) provides a specified monthly benefit to individuals who meet eligibility requirements. SSI can be paid to individuals who are disabled. To be eligible for SSI disability payments, an individual must meet the established eligibility criteria to be "disabled." For instance, the individual must have a physical or mental impairment, or a combination of impairments, that are long-lasting in nature or expected to last for at least a year, and the condition prevents the individual from working. The eligibility also includes an income limit that varies with the size of the family. The amount of the benefit is based on the individual's income and resources. Individuals

who are approved for SSI disability will have periodic review of their conditions to ascertain if the individual continues to be disabled.

Contact: Local Social Security Administration office.

SOCIAL SECURITY DISABILITY INCOME (SSDI)

Social Security Disability Income (SSDI) provides a specified monthly benefit to individuals who meet eligibility requirements. An individual must have paid into the Social Security system for a minimum of 5 years (fewer years for individuals under 25) or be the widow/widower of an individual who has paid into the system. Children can receive SSA benefits after the death or disability of a parent who paid into the Social Security system. The amount of the monthly benefit is based on the individual's, spouse's, or parent's past income. In addition, to be eligible for SSDI payments, an individual must meet the criteria of "disability", e.g. have a physical or mental impairment, or a combination of impairments that are long-lasting in nature or expected to last for at least a year, and the condition prevents the individual from working. Individuals who are approved for SSDI will have periodic reviews of their condition of disability, in order to ascertain if the individual continues to be disabled.

Contact: Local Social Security Administration office.

VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation Services can provide any goods and services necessary to help an individual become employable. Vocational Rehabilitation Services provides individualized services for those who meet the eligibility requirements. To be eligible for services, an individual must have a physical or mental impairment, which creates or causes a substantial impediment to employment. The individual must require VR services to prepare for, secure, retain, or regain employment.

Contact: Local Vocational Rehabilitation Services office.

DIVISION OF FAMILY AND CHILDREN (DFC) FUNDING

The Division of Family and Children (DFC) offers funding for some services. Their CHINS Program (Children in Need of Services) ensures Medicaid eligibility and services for children who are wards of the State. First Steps covers children with disabilities from birth to age 3 and provides early intervention services. Healthy Families program offers intensive services for at-risk children and their families.

Contact: Local Division of Family and Children Office

DEPARTMENT OF EDUCATION (DOE) FUNDING

The Department of Education (DOE) offers funding for a variety of “wraparound” services. These community-based services are individually planned to meet a child’s needs, and plans are family-centered, rather than child-centered.

Contact: Local school system.

DEPARTMENT OF HEALTH

The Children’s Special Health Care Services covers a variety of medical needs for children who qualify (needs and income requirements).

Contact: 1-800-475-1355

BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES

The Bureau of Developmental Disabilities Services (BDDS) provides a variety of supportive services for individuals with developmental disabilities living in their own home or other community settings. Individuals must meet the BDDS definition of having a developmental disability and have a need for the service. The assessment of service needs and their authorization is based on an individual person centered planning process.

Contact: Local BDDS District Office.

EMPLOYMENT EARNINGS

Consumer’s employment earnings or savings from that earning constitute a personal resource that can pay for some of the services. If you are unemployed or want to be employed, discuss the possibility of employment with your case manager or BDDS Service Coordinator. The Medicaid Home and Community-Based Waiver Programs, the Bureau of Developmental Disabilities Services, and Vocational Rehabilitation Services offer various work-related services.

TRUST FUNDS

There are various types of trust funds, e.g. funds in a trust that have been established for the benefit of an individual by the family (such as a minor’s trust) or an individual can be the beneficiary of a trust of another person, related or non-related. These funds and/or the income for these funds counts as an individual’s personal resources.

OTHER RESOURCES

Your family may be able to assist in meeting your support needs. You may also have community resources such as the support from friends, faith community, clubs, etc. that can help meet some of your needs.

There can be several other types of sources of funding and/or supports available to you such as United Cerebral Palsy, the Epilepsy Foundation or any not-for-profit community organization; support from a philanthropic individual/organization; or funds/gifts or willingness to volunteer for unpaid supports/assistance from a relative or friend.

QUALITY ASSURANCE PROCESSES

The Division of Disability, Aging and Rehabilitative Services has a number of ways in which to assure that individuals are receiving quality services. It is the number one priority to assure that all individuals who are residing in the community are safe and healthy. Quality assurance is measured through mechanisms established within the Bureau's of Developmental Disabilities Services, Aging and In-Home Services and the Bureau of Quality of Improvement Services. For more information, see your case manager or BDDS Service Coordinator.

RIGHT TO APPEAL

You have the right to appeal decisions that are made about eligibility for some services, as well as the services to be provided. Your case manager or your Service Coordinator within the Bureau of Developmental Disabilities Services can help you with the appeal process of the different agencies that you may be working with. In most cases you will be asked to complete a statement that outlines what you are appealing.

REPORTING REQUIREMENTS

It is important that you know that your BDDS Service Coordinator and your service providers are required to report different types of situations. For instance, it is required by state law that anyone report any concerns about potential abuse, neglect or exploitation of a person. It is also required that these same people report any concerns relating to the overall health and safety of an individual. Examples of this are an individual being hospitalized, errors in medication administration, a home having no water, heat or electricity, or a home which is livable but problems are identified. Any of these types of situations, and others, can be reported and will be followed-up on as needed. This is not meant to intrude on your rights. It is however, an assurance that your health and safety can be monitored and investigated if needed.

YOUR BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES OFFICE

Central Office

Indianapolis
P. O. Box 7083
Indianapolis, IN 46207-7083
(317) 232-7842
Fax: (317) 233-2320

District 1

Merrillville
5800 Broadway, Suite P
Merrillville, IN 46410
(219) 887-0503
Fax: (219) 985-8652

District 2

South Bend
215 S. St. Joseph St., Suite 401
South Bend, IN 46601-2022
(219) 232-1412
Fax: (219) 287-5482

District 3

Fort Wayne
219 W. Wayne St.
Fort Wayne, IN 46802
(219) 423-2571
Fax: (219) 424-2830

District 4

Greencastle
608 Tennessee St
Greencastle, IN 46135
(765) 653-2468
Fax: (765) 653-7152

District 5

Indianapolis
4701 N. Keystone, Suite 200
Indianapolis, IN 46205-1541
(317) 254-2065
Fax: (317) 254-2075

District 6

Muncie
1100 Martin Luther
King Blvd, Suite 4
Muncie, IN 47304
(765) 288-6516
Fax: (765) 288-8529

District 7

Evansville
700 E. Walnut St.
Evansville, IN 47713
(812) 423-8449
Fax: (812) 428-4146



District 8

Clarksville
P. O. Box 2517
1452 Vaxter Ave
Clarksville, IN 47131-2517
(812) 283-1040
Fax: (812) 285-9533

District 8

Seymour
200 E. Third St.
P. O. Box 930
Seymour, IN 47274-0930
(812) 522-5859
Fax: (812) 523-1160

District 9

Surrounding Marion County
4701 N. Keystone, Suite 200
Indianapolis, IN 46205-1541
(317) 254-2065
Fax: (317) 254-2075

YOUR AREA AGENCY ON AGING OFFICE

AREA 1

Area 1 Agency on Aging
LCEOC, Inc.
5518 Calumet Ave.
Hammond, IN 46320
(219) 937-3500 or (800) 826-7871
FAX (219) 932-0560 or (219) 931-5501
E-Mail: LCEOC@core.com
Marie Kalafatic, Director
Marion Hogan, President, C.E.O.

AREA 2

Area 2 Agency on Aging
REAL Services, Inc.
1151 S. Michigan St., P.O. Box 1835
South Bend, IN 46634-1835
(219) 233-8205 or (800) 552-2916
FAX (219) 284-2642
E-Mail: Bzaseck@realservicesinc.com
Becky Zaseck, Executive Director
Lester Fox, President, C.E.O.

AREA 3

Aging and In-Home Services of
Northeast Indiana, Inc.
201 E. Rudisill Blvd., Suite 208
Fort Wayne, IN 46806-1756
(219) 745-1200 or (800) 552-3662
FAX (219) 456-1066
E-Mail: aginginhome@mixi.net
Diann Shappell, President

AREA 4

Area IV Agency on Aging & Community Action Programs, Inc.
660 North 36th St., P.O. Box 4727
Lafayette, IN 47903-4727
(765) 447-7683 or (800) 382-7556
TDD (765) 447-3307; FAX (765) 447-6862
E-Mail: info@areaivagency.org
Sharon Wood, Executive Director

AREA 5

Area Five Agency on Aging & Community Services, Inc.
1801 Smith Street, Suite 300
Logansport, IN 46947-1577
(219) 722-4451 or (800) 654-9421
FAX (219) 722-3447
E-Mail: mmeagher@areafive.com
Michael Meagher, Executive Director
Connie Meagher, Director of Aging Services

AREA 6

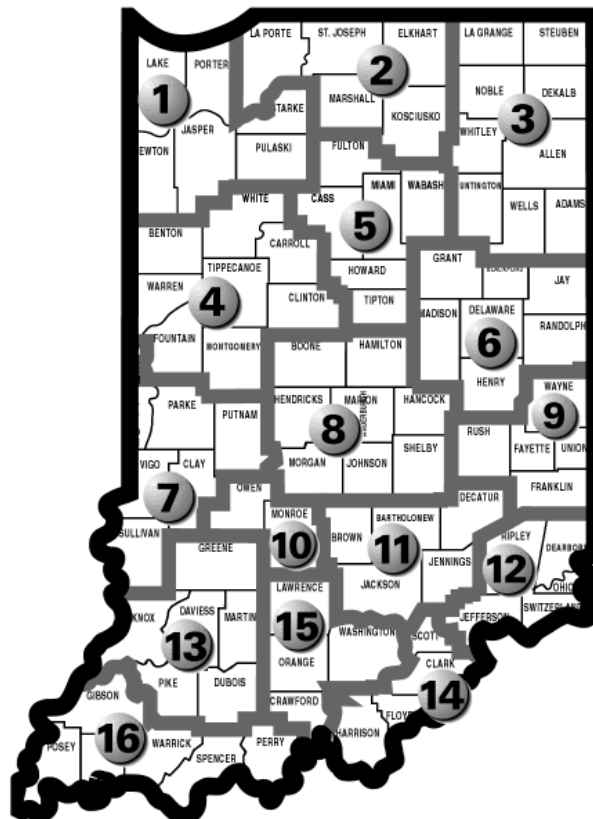
LifeStream Services, Inc.
1701 Pilgrim Blvd., P.O. Box 308
Yorktown, IN 47396-0308
(765) 759-1121 or (800) 589-1121
TDD (800) 589-1121; FAX (765) 759-0060
E-Mail: whb@area6.org
Web Site: www.area6.org
William Boothe, President, C.E.O.

AREA 7

Area 7 Agency on Aging and Disabled
West Central Indiana Economic Development District, Inc.
1718 Wabash Ave., P.O. Box 359
Terre Haute, IN 47808-0359
(812) 238-1561 or (800) 489-1561
TDD (800) 489-1561; FAX (812) 238-1564
E-Mail: area7agency@hotmail.com
Mervin Nolot, Executive Director
Donna Busch, Director, Programs on Aging & Disabled

AREA 8

CICOA The Access Network
4755 Kingsway Dr., Suite 200
Indianapolis, IN 46205-1560
(317) 254-5465 or (800) 489-9550
FAX (317) 254-5494; TDD (317) 254-5497
E-Mail: delienne@cicoa.org
Duane Etienne, President, C.E.O.



AREA 9

Area 9 In-Home & Community Services Agency
520 South 9th St., Suite 100
Richmond, IN 47374-6230
(765) 966-1795, (765) 973-8334 or (800) 458-9345
FAX (765) 962-1190
E-Mail: ashepher@indiana.edu
Web Site: www.iue.indiana.edu/area9
Tony Shepherd, Executive Director

AREA 10

Area 10 Agency on Aging
7500 W. Reeves Road
Bloomington, IN 47404
(812) 876-3383 or (800) 844-1010
FAX (812) 876-9922
E-Mail: area10@bloomington.in.us
Web Site: www.bloomington.in.us/~area10
Jewl Echelbarger, Executive Director

AREA 11

Aging & Community Services of
South Central Indiana, Inc.
1635 N. National Road, P.O. Box 904
Columbus, IN 47202-0904
(812) 372-6918; FAX (812) 372-7846
E-Mail: dcantrell@areaxi.org
Diane Cantrell, Executive Director

AREA 12

LifeTime Resources, Inc.
13091 Benedict Drive
Dillsboro, IN 47018
(812) 432-5215 or (800) 742-5001
FAX (812) 432-3822
E-Mail: offices@lifetime-resources.org
Sally Beckley, Executive Director

AREA 13

Generations
Vincennes University Community Services
P.O. Box 314
Vincennes, IN 47591
(812) 888-4292 or (800) 742-9002
TDD (812) 888-5762; FAX (812) 888-4566
E-Mail: gen@vunet.vinu.edu
Anne N. Jacoby, Assistant Vice-President

AREA 14

LifeSpan Resources, Inc.
P.O. Box 995, 426 Bank Street
New Albany, IN 47151-0995
(812) 948-8330; FAX (812) 948-0147
E-Mail: frankie_able@lifespanspanresource.org
Patricia Jewell, Executive Director

AREA 15

Hoosier Uplands/Area 15 Agency on Aging and Disability
Services
521 West Main Street
Mitchell, IN 47446
(812) 849-4457 or (800) 333-2451
TDD (800) 743-3333; FAX (812) 849-4467
E-Mail: area15@hoosieruplands.org
Web Site: www.huedc.com
David L. Miller, Executive Director
Barbara Tarr, Director of Aging and Disability Services

AREA 16

Southwestern Indiana Regional
Council on Aging, Inc.
16 W. Virginia St., P.O. Box 3938
Evansville, IN 47737-3938
(812) 464-7800 or (800) 253-2188
FAX (812) 464-7843 or (812) 464-7811
E-Mail: swirca@swirca.org
Web Site: swirca.org
Robert J. "Steve" Patrow, Executive Director

IMPORTANT NAMES AND NUMBERS TO REMEMBER

NAME	TYPES OF ISSUES TO CONTACT THEM ABOUT
<u>BDDS Service Coordinator</u> Name: _____ Telephone number: _____	
<u>Service Providers</u> Name: _____ Telephone number: _____ Name: _____ Telephone number: _____ Name: _____ Telephone number: _____	
<u>Case Manager</u> Name: _____ Telephone number: _____	
<u>DD Waiver Ombudsman</u> Name: _____ Telephone number: _____	
<u>Area Agency on Aging</u> Name: _____ Telephone number: _____	
<u>Other</u> Name: _____ Telephone number: _____	

A GUIDE FOR CONSUMERS

Receipt Statement

The information in this resource guide has been reviewed with me. I have also been given a copy of the resource guide.

Name

Date

Signature

Date